

DOUBLE CASTRATION FOR TUBERCULOSIS.

DR. JOHN A. HARTWELL showed specimens removed from a boy, aged seventeen years, Italian, who was admitted to Bellevue Hospital on July 18, 1907, with a well-advanced tubercular disease of the elbow. This was operated on by Dr. Hitzrot, a radical resection being done. The post-operative progress was slow, but satisfactory until about September 1st. At this time the reparative process came to a standstill and the soft tissues in the neighborhood of the joint began to break down with tubercular infection. At the same time his general condition began to fail. On September 6th all the tubercular disease was everted out by Dr. Hartwell and the cavities drained. The patient was then put on treatment with bacillen emulsion Koch, made by killing the tubercular bacilli by heat, grinding them in a mortar and making a watery suspension of them. He received the following dosage, expressed in weight of the powdered bacilli: September 6th, 1-5000 milligram; September 11th, 1-5000 milligram. This gave no local or general reaction. September 17th, 1-2000 milligram, producing a considerable reaction, rise of temperature, and general malaise. September 20th, 1-2000 milligram, with again marked reaction. Following this last injection he complained of pain in the left testicle, examination of which showed it very much swelled, tender and adherent to the skin, both testicle and epididymis being involved. Careful questioning failed to elicit any knowledge on the part of the patient of any previous diseased condition of the organ. It was apparent, however, that it was the seat of a well-advanced tubercular process. Accordingly on September 21st castration was done by Dr. Hartwell, the incision being extended up through the whole length of the inguinal canal. The vas was then found to be diseased throughout its whole length, as was also the seminal vesicle. Incision was therefore enlarged upward, the deep epigastric vessels tied and cut, and the anterior sheath of the rectus freely incised transversely. The traction of the wound thus made gave ample exposure for the removal of the whole of the vas and the vesicle. Palpation through the bottom of this wound showed the prostate and opposite vesicle to be involved. The right testicle and vas, however, were apparently free from any involvement. The post-operative course was very satisfactory, the deep wound healing very rapidly. On

October 12th he received 1-50,000 milligram of the emulsion, and on October 15th 1-25,000 milligram. This was followed by marked reaction and swelling in right testicle. Rest in bed, strapping and local treatment had no effect on this local inflammation. Accordingly, on November 5th, the above operation was repeated on the right side by Drs. Dennis and Hitzrot. An examination of the specimens removed showed the following conditions: Left testicle, epididymis, vas and seminal vesicle are all the seat of advanced tuberculosis with extensive caseation. The right organs show a much less marked process in the vas and testicle, but an exactly similar condition in the vesicle. The condition in the left testicle was very evidently an old affair which was apparently started into renewed activity by the vaccine treatment. It will be noted, however, that on September 17th the dose of 1-2000 milligram gave a strong reaction, and that this was followed on September 20th, before the reaction had subsided, by the same dosage. This was an error inasmuch as overdosing with the vaccines is known to be harmful. In the case of the right testicular involvement, the dosage was more carefully regulated, and still the marked reaction occurred and persisted. It would seem, therefore, that the bacillen emulsion must be used with extreme caution, to avoid the harmful lighting up of quiescent processes. In spite of the setbacks the boy received, his general and local processes both in the elbow and in the genital tract seemed to be much improved by the use of the vaccine. Dr. Hartwell presented the specimens as a matter of record in the vaccine treatment of surgical tuberculosis, and also as a matter of interest which they afforded in the case with which vesiculectomy may be done through an inguinal incision. He wishes to express his appreciation of the courtesy of Drs. Dennis and Hitzrot in putting their notes of the case at his disposal.

DR. WILLY MEYER said that while in a case like the one reported by Dr. Hartwell, where the testis and vas and seminal vesicle were involved, a thorough operation like the one performed was clearly indicated, he wished to call attention to a more conservative method of treatment in cases where one testis had been removed for tuberculosis and the second subsequently became diseased. With no involvement of the prostate or vas deferens we had a clear ascending tuberculosis of the genital tract, and in those cases, especially in younger patients, Dr. Meyer said

he wished to say a word in favor of Bier's hyperemic treatment. He recalled the case of a young man of nineteen who about ten years ago had one testis extirpated for tuberculosis; the second organ subsequently became involved, and the patient begged to retain it, if possible. Bier's hyperemic method of treatment was instituted and faithfully carried out for a long time, and now he was cured so far as the tuberculosis was concerned, although the epididymis was still slightly enlarged. Quite a number of such cases were on record. This case was shown before this society about six to eight years ago. The treatment, which could be carried out by the patients themselves, was indicated in those cases where the one remaining testicle became affected by tuberculosis.

KIDNEY BOARD AND ARM GALLOWS.

DR. F. TILDEN BROWN demonstrated a later model in thin steel of a huge hinge, which was shown a year ago when made as a folding wooden board. The purpose of the apparatus is that of making a good surgical exposure of the ileo-costal space in kidney operations, when placed under the opposite region, where its degree of elevation is controlled by crank. In operations on gall-duets and bladder also, its easy introduction under the dorsal spine makes it useful.

Dr. Brown also showed an adjustable gallows for slinging the superimposed arm when the patient is on the side. Relieving the chest of the shoulder and arm weight, besides favoring comfortable anesthetization, it serves as a prop to prevent the patient's thorax and trunk twisting forward.